### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Kubick et al.

Art Unit: 3691

Serial No.: 09/681,392

Examiner: Lalita M. Hamilton

Filed: March 28, 2001

For:

SYSTEMS AND METHODS

FOR CONDUCTING DUE

**DILIGENCES** 

Mail Stop: Amendment **Commissioner for Patents** 

P.O. Box 1450

Alexandria, VA 22313-1450

### TRANSMITTAL

Transmitted herewith is: 1. Transmittal (3 pages) Amendment in response to Office Action dated September 4, 2007 (31 pages)

#### **STATUS**

2.	<u>Applicant</u>
	claims small entity status.
	is other than a small entity

# **EXTENSION OF TERM**

3.	The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.								
	(complete (a) or (b), as applicable)  (a) Applicant petitions for an extension of time under 37 C.F.R. 1.136  (Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)								
Extension for response within:			Other than small entity Fee	Small entity Fee (if applicable)					
		first month	\$ 120.00	\$ 60.00					
		second month	\$ 460.00	\$ 230.00					
		third month	\$ 1,050.00	\$ 525.00					
		fourth month	\$ 1,640.00	\$ 820.00					
		fifth month	\$ 2,230.00	\$1,115.00					
			Fee Due	\$ 460.00					
If an additional extension of time is required, please consider this a petition therefor.  (Check and complete the next item, if applicable)									
An extension of months has already been secured. The fee paid therefor \$ is deducted from the total fee due for the total months of extension now requested.									
	Extension fee due with this request \$ 460.00.								
	OR  (b) Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.								

# FEE FOR CLAIMS

n -	(Col. 1)		(Col. 2)	(Col. 3)	small entity		OTHER THAN SMALL ENTITY		
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDITIONAL. RATE FEE	OR	ADDITIONAL RATE FEE		
TOTAL		MINUS		=	x \$9 = \$		x \$18 = \$0.00		
INDEP.		MINUS		-	x \$44 = \$		x \$88 = \$0.00		
	FIRST PRESENTATION OF MULTIPLE DEP. CLAIM			+\$150= \$		+\$300=\$			
					TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$0.00		
	(a) 🔀	No add	itional fee for	Claims is	required				
				OR					
	(b)	Total a	dditional fee	for claims	required \$				
			FEE I	PAYMEN'	Τ				
5.	5 Attached is a check in the sum of \$								
	Charge Deposit Account No. 01-2384 the sum of \$460.00 A duplicate of this transmittal is attached.								
			FEE D	EFICIENC	CY				
6.	If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.								
			A	ND/OR					
	If any 2384.	addition	al fee for clai	ms is requi	ired, charge Deposi	t Acc	ount No. 01-		
7.	Other:								
				<del></del>	hould Fr	ld	2		

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